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FACSIMILE TRANSMISSION COVER SHEET

Date:

April 9, 2010

To:

United States Patent and Trademark Office

Examiner: Pizatro Crespo, Marcos D.; Art Unit: 2814

Fax:

(571) 273-8300

Re:

Application Serial No.: 10/823,298

Filing Date: 4/12/2004: First-Named Inventor: Ren

Attorney Docket No.: 0400198

From:

Farjami & Farjami LLP

Number of pages including the cover sheet: 20

Message:

Enclosed please find the Amendment and Response to Non-Final Office Action dated October 15, 2009.

Payment for Third Month Extension Fee in the Amount of \$1,110.00 is hereby enclosed on Form PTO-2038.

Thank you.

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APR 0 9 2010

Attorney Docket No.: 0400198

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Liping Ren
SERIAL NO.: 10/823,298_FILED: 04/12/2004
FOR: Field Plate Structure for High Voltage Devices

HONORABLE COMMISSIONER FOR PATENTS P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

- ☐ No additional fee is required.
- ☑ The fee has been calculated as shown below:

■ EXTENSION FEE	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	130.00	65.00 -	\$
SECOND MONTH AFTER TIME PERIOD SET	490.00	245.00	S
THIRD MONTH AFTER TIME PERIOD SET	1.110.00	. 555.00	\$1.110.00
FOURTH MONTH AFTER TIME PERIOD SET	1.730.00	865.00	s .

■ TOTAL EXTENSION FEE \$ 1.110.00

☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	20	MINUS **20	* = 0	x 52	x 26	S
INDEPENDENT	2	MINUS ***3	*=0	x 220	x 110	S
First presentation of multiple dependent claim				+ 390	+ 195	s

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- # If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
- ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
- *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

		Attorney Docket No.: 0400)198				
	Total fee for Supplemental 1	formation Disclosure Statement \$					
\boxtimes	Enclosed is the total fee of \$ 1.110.00 (Payment by Credit Card, Form PTO-2038 Enclosed).						
	Please charge Deposit Accor	nt No. 50-0731 in the amount of \$					
×	The Commissioner is hereby	authorized to charge payment of any additional fees associated with this communicati Deposit Account No. 50-0731.	ion.				
Date: _	4/9/10	By: Michael Farjami. Reg. No. 38.135					
Farjami 26522 1 Mission Telepho	Farjami, Esq. & Farjami LLP & Alameda Ave., Suite 360 Viejo, CA 92691 ne: (949) 282-1000 le: (949) 282-1002	CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 571-273-8300 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful. H9/ID Date Signature Jewiler Date Name of Person Performing Facsimile Transmission					
		CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:					
		Date / Signature					
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